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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *OKIPM*  
 This appln claims benefit of 60/177,512 01/21/2000  
 and claims benefit of 60/229,868 08/30/2000

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 03/01/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 22 15	INDEPENDENT CLAIMS 3
Verified and Acknowledged	<i>Campanella</i> Examiner's Signature	<i>HP</i> Initials			

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TITLE

Yoga mat with body contact placement indicia

FILING FEE  RECEIVED 415	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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